## TOTAL FEES: \$50 (per agent)

## STATE OF ALABAMA --- DEPARTMENT OF INSURANCE APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY

For additional information, please visit: www.aldoi.gov

INSTRUCTIONS:

1. This form is to be completed by an authorized representative of a Title Insurer.

7. PLEASE TYPE OR PRINT CLEARLY. Deliver this completed application to:

- 2. Title Agents must reside or be domiciled in the State of Alabama.
- 3. Title Agent must first apply for a license at www.nipr.com. The Alabama license number should be shown.
- 4. Filing of this application does not give authority to the Title Agent. This authority does not exist until all required items are filed and the Alabama Department of Insurance issues a certificate of authority to the Title Insurer for the Title Agent.
- 5. A check or money order in the amount of \$50.00 for each Title Agent must accompany this application. Please indicate the total fees in the area indicated below. The application will be returned without processing if not accompanied by the correct fee or fees. Make check or money order payable to "Commissioner of Insurance, State of Alabama."
- 6. Please attach Form AL-T-2 to apply for a certificate of authority for additional Title Agents. Please note: Form AL-T-2 is the required format, but the use of this exact form is not required. You may include as many agents with this application as needed. Be sure to number the Title Agents sequentially on Form AL-T-2 and indicate the total fees included in the area indicated below.

Producer Licensing Division

PO Box 303351

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SECTION   (TITLE INSURER I									SE TYPE OR PRINT	
NAME OF TITLE INSURER:										
TITLE INSURER NAIC NO.:										
SECTION II (TITLE AGENT IN									* * * * * * * * * * *	****
			·			u by att	acining Fo	IIII AL-1-2.		
1. NAME OF TITLE AGENT:										
2. ALA. TITLE AGENT LICENSE NO	0.:									
3. Mark X legal status of a Title	e Agent: [NC	DTE: Must	be an Alaba	ama resident	individual	or Alaban	na-domiciled	l business entity.]		
Individual Corp	oration	Parti	nership	Uning	corporated	firm or as	ssociation	Limited L	Liability Company	
4. SOCIAL SECURITY NUMBER (if	individual):			or FED	DERAL EM	PLOYER II	D NUMBER	(if business entity)	:	
5. DATE OF BIRTH (if individual):		/		(leave	blank if bu	siness en	tity)			
0 PHONESO APPRESS	Month	n Day	Year							
6. BUSINESS ADDRESS:Stree	et Address (no	P.O. Box)	City		State	Zip	County	Telephone No.	e-mail address (if kn	own)
7. MAILING ADDRESS:										
· · · · · · · · · · · · · · · · · · ·	Box or Street		City		State	Zip	Fax No.	e-mail	address (if known)	
* * * * * * * * * * * * * * * * * * * *	· * * * * * *	· * * * * *	* * * * *	* * * * * *	* * * * *	* * * * *	* * * * *	* * * * * * * *	* * * * * * * * * * *	· * * *
The above-named title insurer rec be issued a certificate of authorit We are satisfied the applicant(s) state. We desire that the applica	y to act as reside or ar	a title insu e domiciled	rance ager d in the Sta	nt on behalf ate of Alaba	of this Ti	le Insure therwise	r in accorda meet the qu	nce with Alabam ualifications of a t	na Act No. 2001-496	3.
Dated:										
Certificate of Authority fee Number of Title Agent Applicants		50.00	_							
Total fees enclosed	\$	.00				(origina	I signature of	authorized company	official)	
DO NOT WRITE IN THIS	S SPACE		_			(type	d name of au	thorized company of	ficial)	
							(8	address)		
							(city	y/state/zip)		
			_				(teleph	none number)		
			_				(e-m	ail address)		

#### FORM AL-T-2 STATE OF ALABAMA --- DEPARTMENT OF INSURANCE

# APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY (Continued for additional agents)

TO BE ATTACHED TO FORM AL-T-1 SECTION | (TITLE INSURER INFORMATION)

### PLEASE TYPE OR PRINT CLEARLY

NAME OF TITLE INSUR	ER:						
TITLE INSURER NAIC N	IO.:		*****	* * * * * * :	* * * * * * *	· * * * * * * * * * * * * * * * * * * *	*****
SECTION II (TITLE							
Applicant Number	r (Please sequentially nu	mber the Title Ager	nt applicants filed with th	is applicat	ion.)		
1. NAME OF TITLE AG	ENT:						
2. ALA. TITLE AGENT	LICENSE NO.:						
3. Mark 🔀 legal stat	us of a Title Agent: [NO	TE: Must be an Al	abama resident individual	or Alaban	na-domiciled	business entity.]	
Individual	Corporation	Partnership	Unincorporated	firm or as	ssociation	Limited Lia	ability Company
4. SOCIAL SECURITY	NUMBER (if individual):		or FEDERAL EM	PLOYER II	D NUMBER	(if business entity):	
5. DATE OF BIRTH (if i	individual):	// /	(leave blank if bu	ısiness en	tity)		
6. BUSINESS ADDRES				Zip	County	Telephone No.	e-mail address (if known)
7. MAILING ADDRESS: (if different)	P.O. Box or Street	City	State	Zip	Fax No.	e-mail ac	ddress (if known)
* * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * * * * * * * * *	* * * * * *	* * * * * * *	********	******
Applicant Number	r (Please sequentially nu	mber the applicant	filed with this application	.)			
1. NAME OF TITLE AG	ENT:						
2. ALA. TITLE AGENT	LICENSE NO.:						
3. Mark X legal stat	us of a Title Agent: [NO	TE: Must be an Al	abama resident individual	or Alaban	na-domiciled	l business entity.1	
					na aominina		
Individual	Corporation	Partnership	Unincorporated				ability Company
<del>_</del>		<u> </u>		firm or as	ssociation	Limited Lia	, , ,
<del>_</del>	NUMBER (if individual):		Unincorporated or FEDERAL EM	firm or as	ssociation  D NUMBER	Limited Lia	, , ,
4. SOCIAL SECURITY	NUMBER (if individual): individual): Month	// 	Unincorporated or FEDERAL EM	firm or as	ssociation  D NUMBER	Limited Lia	, , ,
4. SOCIAL SECURITY 5. DATE OF BIRTH (if i	NUMBER (if individual): individual):  Month S: Street Address (no F	// 	Unincorporated or FEDERAL EM	firm or as	ssociation  D NUMBER (	Limited Lia	
4. SOCIAL SECURITY 5. DATE OF BIRTH (if i	NUMBER (if individual): individual):  Month S: Street Address (no F	//	Unincorporated or FEDERAL EM (leave blank if bu	firm or as PLOYER II usiness en	ssociation  D NUMBER (	Limited Lia (if business entity):  Telephone No.	
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4. SOCIAL SECURITY 5. DATE OF BIRTH (if if if 6. BUSINESS ADDRES 7. MAILING ADDRESS:   (if different)  ***********************************	NUMBER (if individual): individual):  S:  Street Address (no F	Day Year P.O. Box) City City	Unincorporated or FEDERAL EM (leave blank if bu	PLOYER II usiness en Zip Zip	D NUMBER (tity)	Limited Lia (if business entity):  Telephone No.	e-mail address (if known)
4. SOCIAL SECURITY 5. DATE OF BIRTH (if if if 6. BUSINESS ADDRES 7. MAILING ADDRESS: (if different)  ***********************************	NUMBER (if individual): individual):  S:  Street Address (no F	Day Year P.O. Box) City City ************************************	or FEDERAL EM (leave blank if but state  State  **********************************	PLOYER II usiness en Zip Zip	D NUMBER (tity)	Limited Lia (if business entity):  Telephone No.	e-mail address (if known)
4. SOCIAL SECURITY 5. DATE OF BIRTH (if if if 6. BUSINESS ADDRES 7. MAILING ADDRESS: (if different)  ***********************************	NUMBER (if individual): Individual): S: Street Address (no for p.o. Box or Street  *********************************	Day Year P.O. Box) City City ************************************	or FEDERAL EM (leave blank if but state  State  **********************************	PLOYER II usiness en Zip Zip	D NUMBER (tity)	Limited Lia (if business entity):  Telephone No.	e-mail address (if known)
4. SOCIAL SECURITY 5. DATE OF BIRTH (if it 6. BUSINESS ADDRES 7. MAILING ADDRESS:     (if different)  ***********************************	NUMBER (if individual):  Individual):  S:  Street Address (no F  P.O. Box or Street  **************  r (Please sequentially nu  ENT:  LICENSE NO.:	Day Year P.O. Box) City City ************************************	or FEDERAL EM (leave blank if but state  State  **********************************	PLOYER II usiness en Zip Zip ******	D NUMBER (tity)  County  Fax No.	Limited Lia (if business entity):  Telephone No.  e-mail ac	e-mail address (if known)
4. SOCIAL SECURITY 5. DATE OF BIRTH (if it 6. BUSINESS ADDRES 7. MAILING ADDRESS:     (if different)  ***********************************	NUMBER (if individual):  Individual):  S:  Street Address (no F  P.O. Box or Street  **************  r (Please sequentially nu  ENT:  LICENSE NO.:	Day Year P.O. Box) City City ************************************	Unincorporated or FEDERAL EM (leave blank if but state)  State  State  **********************************	PLOYER II usiness en  Zip  Zip  ******  or Alaban	D NUMBER ( tity)  County  Fax No.  ***********************************	Limited Lia (if business entity):  Telephone No.  e-mail ac  ***********************************	e-mail address (if known)
4. SOCIAL SECURITY 5. DATE OF BIRTH (if it is is in the content of	NUMBER (if individual):  Individual):  S:  Street Address (no form)  P.O. Box or Street  ************  r (Please sequentially number):  ENT:  LICENSE NO.:  us of a Title Agent: [NO	Day Year  P.O. Box) City  City  **********  mber the applicant  OTE: Must be an Al	or FEDERAL EM  (leave blank if but)  State  State  **********************************	PLOYER II usiness en  Zip  Zip  *******  or Alaban  firm or as	D NUMBER ( tity)  County  Fax No.  *********	Limited Lia	e-mail address (if known) ddress (if known) ************************************
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4. SOCIAL SECURITY  5. DATE OF BIRTH (if it is is in the content of the content o	NUMBER (if individual): individual): S: Street Address (no F P.O. Box or Street  **********  r (Please sequentially nu  ENT: LICENSE NO.: us of a Title Agent: [NO  Corporation  NUMBER (if individual): individual):  Month	Day Year  P.O. Box) City  City  ***********  mber the applicant  TE: Must be an Al  Partnership  Day Year	or FEDERAL EM  (leave blank if but)  State  State  **********************************	PLOYER II siness en  Zip  Zip  ******  Or Alaban I firm or as  PLOYER II usiness en	D NUMBER ( tity)  County  Fax No.  ********  na-domiciled  ssociation  D NUMBER (	Limited Lia  (if business entity):  Telephone No.  e-mail act  ****************  I business entity.]  Limited Lia  (if business entity):	e-mail address (if known)  ddress (if known)  ***********************************
4. SOCIAL SECURITY 5. DATE OF BIRTH (if if if 6. BUSINESS ADDRESS: (if different)  ***********************************	NUMBER (if individual):  Individual):  S:  Street Address (no Final P.O. Box or Street  *************  ***********  ********	Day Year  P.O. Box) City  City  ***********  mber the applicant  TE: Must be an Al  Partnership  Day Year	or FEDERAL EM  (leave blank if but)  State  State  **********************************	PLOYER II  zip  zip  ******  or Alaban  firm or as	D NUMBER ( tity)  County  Fax No.  ********  ma-domiciled ssociation  D NUMBER ( tity)	Limited Lia	e-mail address (if known) ddress (if known) ************************************